

CLAIMS ONLY						Application Number 10/055-174	Filing Date 10/10/00					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	Depend	* Indep	Depend	* Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1						51						
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50	/					100						
Total Indep	6		12			Total Indep						
Total Depend	25		24			Total Depend						
Total Claims	31		36			Total Claims						

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

11/8/04

Application Number

Filing Date

Applicant(s)

(2)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	6		6			
Total Depend	17		18			
Total Claims	23		24			

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CLAIMS ONLY							Application Number 10/055-174	Filing Date (3)
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
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